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Practitioner's Docket U 014915-5

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: SHENGHONG A. DAI

Serial No.: 10/724,923

Group No.: 1714

Filed: DECEMBER 1, 2003

Examiner:

For:

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. The application is qualified as
☒ a small entity.
☐ other than a small entity.

CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. 1.8(a).

37 C.F.R. 1.10*

- ☐ with sufficient postage as first class mail.

- ☐ as "Express Mail Post Office to Addressee"
Mailing Label No. _____ (mandatory)

TRANSMISSION

- ☒ transmitted by facsimile to the Patent and Trademark Office, to (571)-273-8800

Date: July 3, 2007

Signature

Janet I. Cord

(type or print name of person certifying)

Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation. Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

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- ☐ An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this is a conditional petition being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	O R	Rate	Addit. Fee
Total *	Minus **		=		x \$ 25	\$		x \$ 50=	\$
Indep. *	Minus ***		=		x \$ 100	\$		x \$ 200	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claims						+ \$180=	\$	+ \$360=	\$
Total Addit. Fee						\$ _____	O R	Total Addit. Fee	\$ _____

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING:

"After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

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FEE PAYMENT

5. ☒ No additional fee for claims is required.

OR

☐ Total additional fee for claims required \$ _____

☐ Attached is a check in the sum of \$ ____

☒ Charge Account No. 12-0425 the sum of \$ 510.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY OR OVERPAYMENT

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-0425

AND/OR

- ☒ Refund any overpayment to Account No. 12-0425.


SIGNATURE OF PRACTITIONER

Janet I. Cord

(type or print name of practitioner)

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Customer No.:

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